

**Building Department**

1200 N. Salisbury St.  
West Lafayette, IN 47906  
765-775-5130  
[www.westlafayette.in.gov](http://www.westlafayette.in.gov)



APPLICATION #: \_\_\_\_\_

**IMPROVEMENT LOCATION PERMIT**

**PROJECT LOCATION:** \_\_\_\_\_  
ADDRESS OF CONSTRUCTION SITE NAME OF BUSINESS

LOT NUMBER SUBDIVISION PARCEL NUMBER

**OWNER:** \_\_\_\_\_  
NAME PHONE EMAIL

STREET CITY STATE ZIP

**CONTACT/CONTRACTOR\*:** \_\_\_\_\_  
NAME PHONE EMAIL

STREET CITY STATE ZIP

**A. Type of Primary Use:**

- ☐ Single Family Residence  
☐ Multi-Family (No. of Units \_\_\_\_\_)  
☐ Commercial  
☐ Fraternity/Sorority  
☐ Rental  
☐ Other (specify if PDMX) \_\_\_\_\_

**B. Type of Construction:**

- ☐ New Structure  
☐ Addition, Remodel or Repair of Existing Structure  
☐ Electrical Upgrade (\_\_\_\_ amp to \_\_\_\_ amp)  
☐ Demolition Only (No. of Units \_\_\_\_\_)  
☐ Change of Use Only  
☐ Build-Out  
☐ Other (specify) \_\_\_\_\_

**C. Description of Work:** \_\_\_\_\_**D. Square Footage of Project:** \_\_\_\_\_**E. Proposed Building Setbacks:**

\*SITE PLAN MUST BE INCLUDED WITH APPLICATION

Front \_\_\_\_\_ Side \_\_\_\_\_ / \_\_\_\_\_ Rear \_\_\_\_\_

**F. Estimated Cost of Construction:** \_\_\_\_\_**G. Historical District** ☐ Yes ☐ No**H. Special Flood Hazard Area:** ☐ Yes ☐ No**J. Energy Code: Performance** \_\_\_\_ **Prescriptive** \_\_\_\_ **UA** \_\_\_\_

Construction must begin within **90 days** of the issuance of an Improvement Location Permit. Construction is to be complete within **one year** of the issuance of an Improvement Location Permit unless a longer time is authorized by the Building Official. As owner or representative of the property for which this application is being filed, I hereby certify that the building and/or land will be used only for the Primary Use listed in Section A, in accordance with the Unified Zoning Ordinance of Tippecanoe County. I further agree that this building (or portion thereof) authorized by this Improvement Location Permit will not be occupied until such time as any known code violations are corrected and until such time as a final inspection has been made and a Certificate of Occupancy has been issued. **Sign permits require a separate form.**

OWNER or OWNER'S AGENT NAME (PLEASE type or print) SIGNATURE DATE

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

**FEES:** Building \_\_\_\_\_ Sewer Tap \_\_\_\_\_ Recovery Fee \_\_\_\_\_ Total Tap Fee \_\_\_\_\_ Fire Fee \_\_\_\_\_

Fines \_\_\_\_\_ Toter \_\_\_\_\_ **TOTAL:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_

Authorized Signature

Date

**CERTIFICATE OF OCCUPANCY GRANTED:**

Authorized Signature

Date

**CONDITIONS:** \_\_\_\_\_

**APPLICATION #:** \_\_\_\_\_